


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90087 019 ***150.00

DOCUMENT # P06000052410

1. Entity Name
S MARKETING, INC.



Principal Place of Business Mailing Address
468 WEST 51 PLACE **468 WEST 51 PLACE**
HIALEAH, FL 33012 **HIALEAH, FL 33012**

60008906



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4973316 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIXTO, ALEJANDRO
468 WEST 51 PLACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name **YAKIR DANNON**

Street Address (P.O. Box Number is Not Acceptable)
468 W 51 PLACE

City **HIALEAH** FL Zip Code **33012**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Yakin Dannon* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANNON, YAKIR			NAME			
STREET ADDRESS	2320 NE 211 STREET			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH, FL 33181			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCO, ISRAEL			NAME			
STREET ADDRESS	2 WEST WAY			STREET ADDRESS			
CITY-ST-ZIP	CHAPPAQUA, NY 10514			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABADY, DAVID			NAME			
STREET ADDRESS	2110 NE 214 STREET			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH, FL 33179			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIRTELL, STEPHEN			NAME			
STREET ADDRESS	25272 STILLWELL PKWY			STREET ADDRESS			
CITY-ST-ZIP	BOYITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIRTELL, THERESA			NAME			
STREET ADDRESS	25272 STILLWELL PKWY			STREET ADDRESS			
CITY-ST-ZIP	BOYITA SPRINGS, FL 34135			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yakin Dannon* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR